

Name
in
Full

Walter R Agamur

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|---------------------------|-----------------|-----------|------------------------|----------------------------|-------------------------------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death 190 | 3 | Month Dec | Day 12 | Years 60 | Months 5 | Days 7 | |
| Sex Male | Color or Race White | Occupation - | | Birth- place Md. | | | |
| Married, Single or Widowed | | | | | | | |
| Name of Wife or Husband | Robert E Agamur | | 9 | | Father's Name | Mother's Birthplace Md. | |
| Father's Name | Robert E Agamur | | 9 | | Mother's Name | Mother's Birthplace Md. | |
| Mother's Maiden Name | Hannie M Agamur | | 9 | | How related to deceased | Father | |
| Name of person giving Information | Robert E Agamur | | 9 | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

crushed

2 week

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. T. Heard

1100, Hill Rd

Accident or Suicide?

3-0

3-0

3-0

~~1. 13~~

Name
in
Full

S. E. Hydelotte

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|-----------------|-------------------------|---|-------------------------|
| Died at | Town | County | MARYLAND | |
| Date of death | Month | Day | Years | Months Days |
| Sex | Female | Color or Race | Age | 76 |
| Occupation | No occupation | | Where Residing if not at place of death | ✓ |
| Married, Single or Widowed | Married | Name of Wife or Husband | Bryangin J. Hydelotte | |
| Father's Name | Joshua Payne | | 64 | Father's Birthplace |
| Mother's Maiden Name | ✓ | | | Mother's Birthplace |
| Name of person giving information | S. E. Hydelotte | | Daughter | How related to deceased |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypotension

How long

6 days

Immediate

Exhaustion

How long

11 hrs

Are the name, age, sex, color, date and place correctly given above?

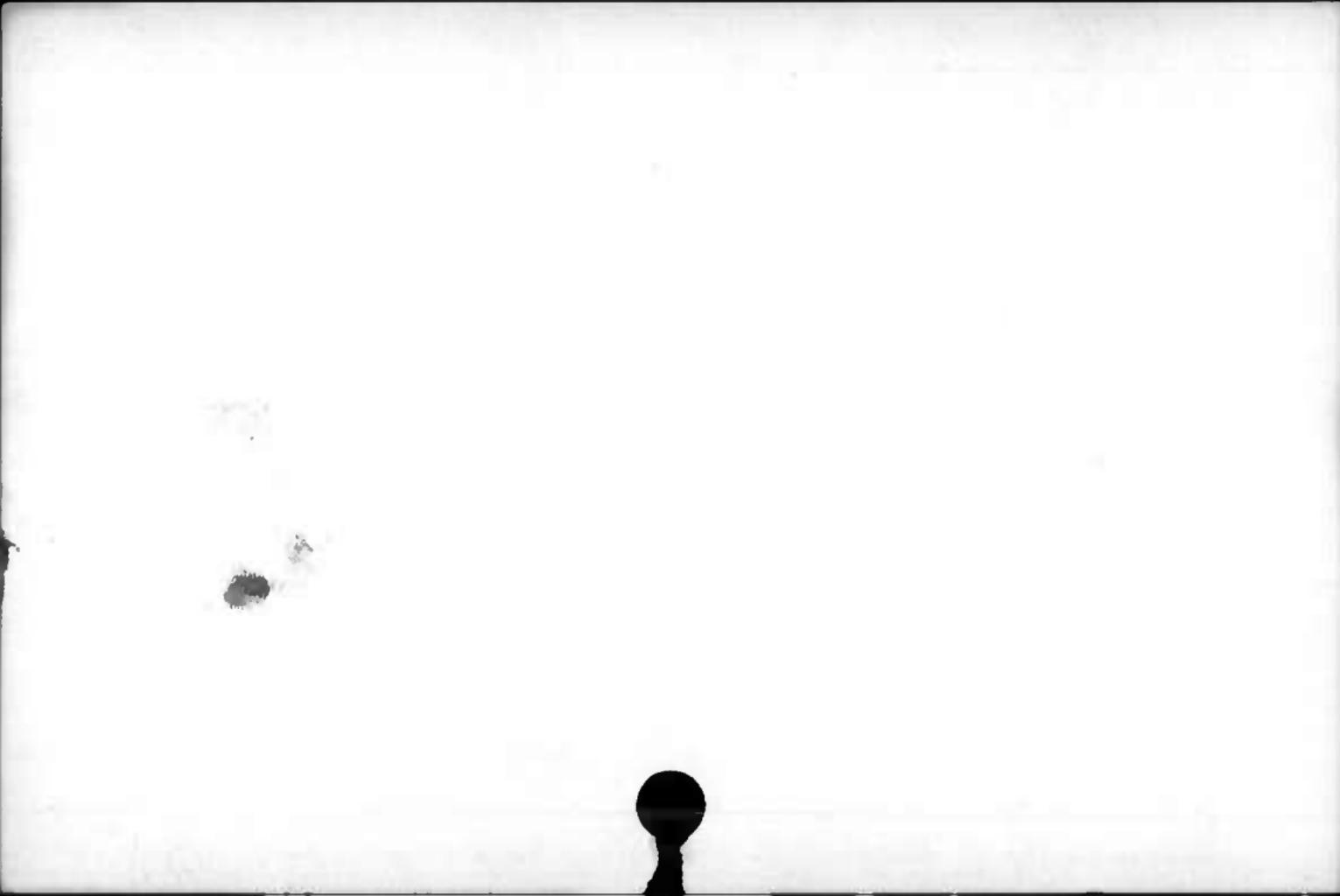
yes

Signature of Physician

Address

J. Wilson M.D.
Pocumtuck City

Accident or Suicide?



Name
in
Full

Albert Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|---|-----------------------------|--------------------|------------------------|----------|------|
| Died at Near Berlin | | Town | County Hansford | | MARYLAND | |
| Date of death 1903 | Month 12 | Day 9 | Age 78 | Years | Months | Days |
| Sex Male | Color or Race White | Birth- place Maryland | | | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband Charlotte Clark | Father's Name W. A. | | Father's Birthplace | | |
| Mother's Maiden Name | Mother's Birthplace | | | | | |
| Name of person giving Information Charlotte Clark | How related to deceased wife | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

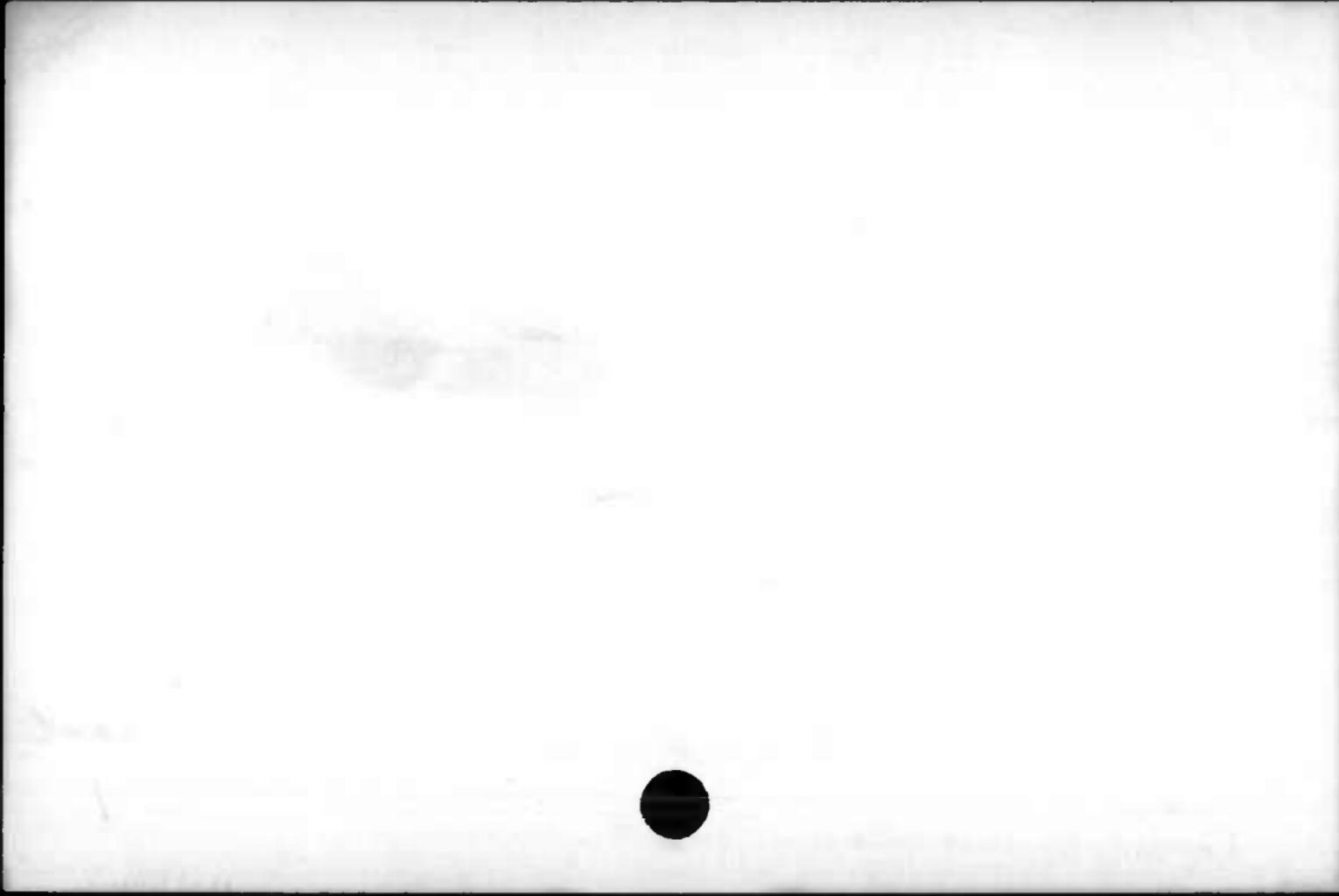
Signature of
Physician

Address

Mr. Doctor in charge

Accident or Suicide

Johnston Undertaker



Lola Collick

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|---|-------------------------------|------------------|------------------|--------|----------|---------------------------------------|
| Died at <u>near Giddletown</u> | | Town | <u>Worcester</u> | | County | MARYLAND | |
| Date of death <u>1903</u> | Month <u>dec</u> | Day <u>26th</u> | Age | Years <u>Two</u> | Months | Days | |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | Birth-place <u>Giddletown</u> | | | | | |
| Married, Single or Widowed | — | | Occupation | | | | |
| Name of Wife or Husband | H-1 | | | | | | |
| Father's Name <u>George Harran</u> | Mother's Maiden Name <u>Maggie Collick</u> | | | | | | Father's Birthplace <u>Giddletown</u> |
| Name of person giving information <u>Zadok Collick</u> | Name of person giving information <u>Grand-Father</u> | | | | | | Mother's Birthplace <u>Giddletown</u> |
| How related to deceased | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|----------------------------------|
| Primary <u>unhealthy during its natural life</u> | How long |
| Immediate <u>yes</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| | Address |
| Accident or Suicide? | <u>Died without Physical aid</u> |

LIBRARY BUREAU A88510

Giddletown 2nd
dec 27 1903

the above annexed certificate
Was filled in by the undersigned
a Justice of the Peace in and
for the County and State aforesaid

William J. Quley
Justice of the Peace

Lola Collick

Name
in
Full

Missoura H. Collins

CERTIFICATE OF DEATH

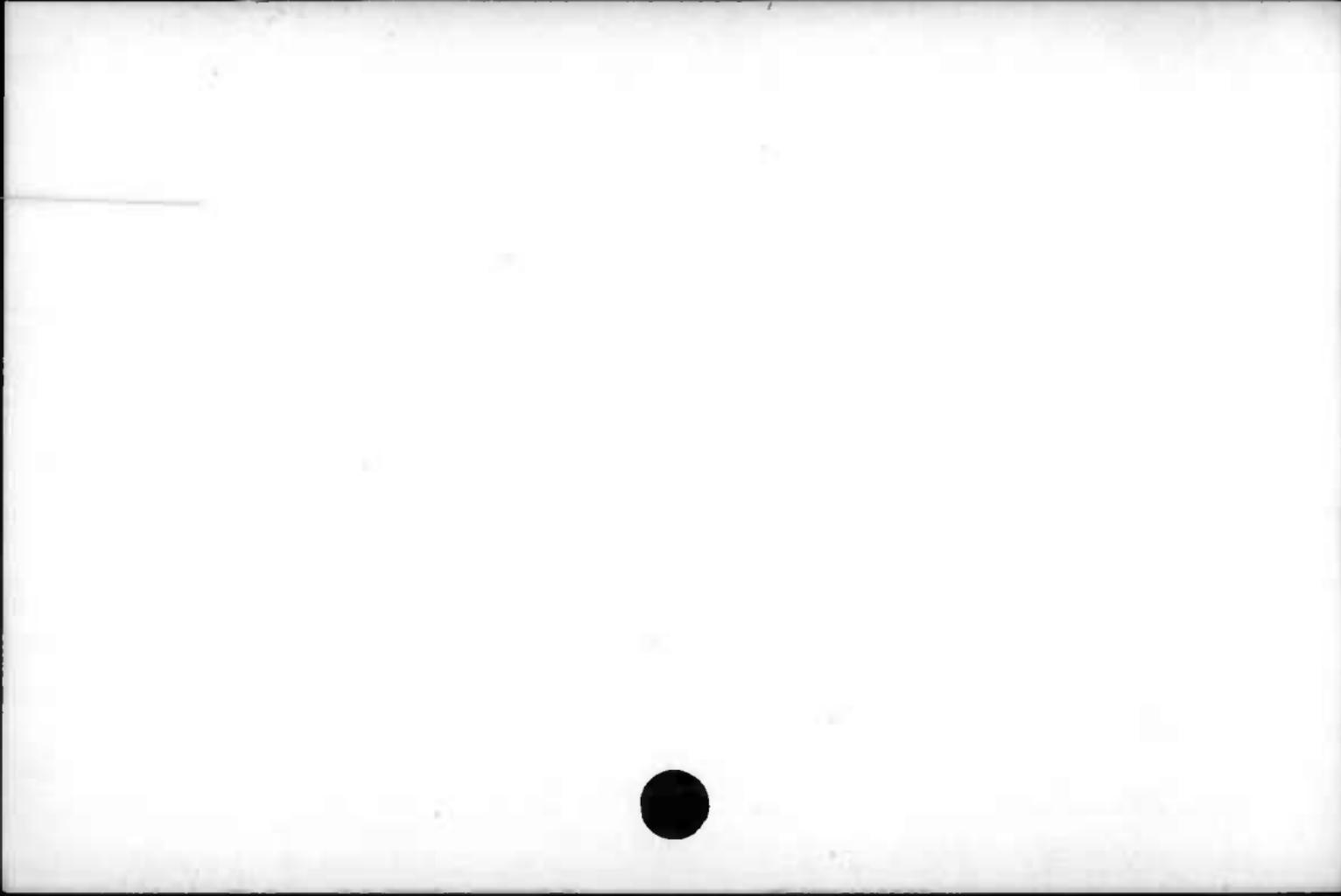
To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|---|--------------------|--|----------|------|---|
| Died at Near-Pocomoke City | | County Wicomico | | MARYLAND | | |
| Date of death | Month Dec | Day 6 | Years Age 22 | Months | Days | 28 |
| Sex Female | Color or Race Colored | | Birth- place Near-Stockton, Md. | | | |
| Occupation Domestic | Where Residing if not at place of death | | | | | - |
| Married, Single or Widowed Married | Name of Wife or Husband Hildrey Collins | | | | | |
| Father's Name Lyon Holland | | | Father's Birthplace Near-Stockton, Md. | | | |
| Mother's Maiden Name Louisa Roberto | | | Mother's Birthplace Near-Pocomoke, Md. | | | |
| Name of person giving Information Frances Dix | | | | | | How related to deceased Father in law |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary Pulmonary Tuberculosis | How long About 1 year |
| Immediate - | How long - |
| Are the name, age, sex, color, date and place correctly given above? As far as I know | Signature of Physician R. E. Hall Address Pocomoke City, Md. |
| Accident or Suicide? | |



Name
in
Full

Jennie H. McKay

CERTIFICATE OF DEATH

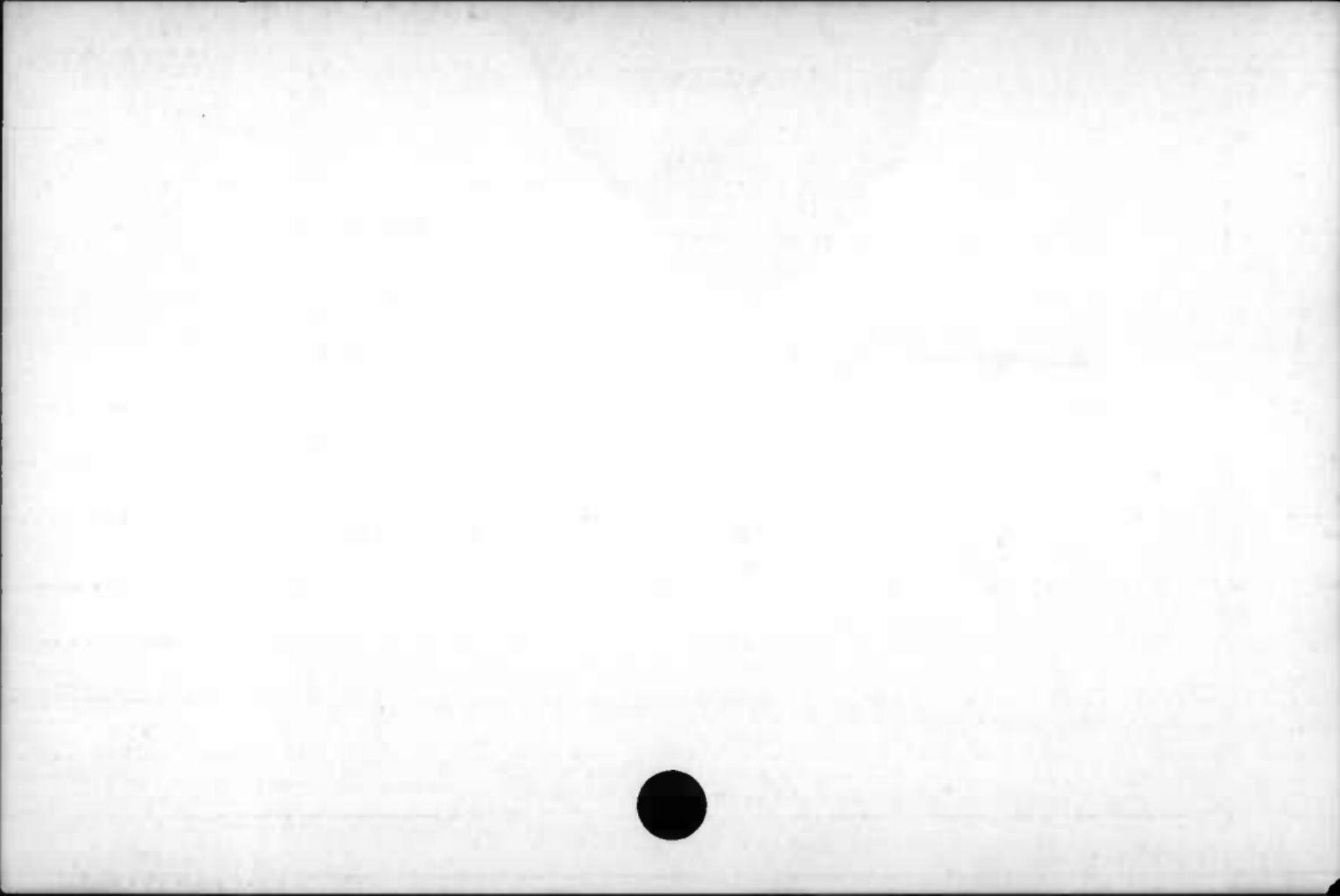
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|----------------------------|--------------------|-----------------------------|--|--------|------|
| Died at <u>Promont City</u> | | County <u>Wash</u> | | MARYLAND | | |
| Date of death <u>1903</u> | Month <u>12</u> | Day <u>23</u> | Age <u>68</u> | Years | Months | Days |
| Sex <u>Female</u> | Color or Race <u>white</u> | | | Birthplace <u>Va</u> | | |
| Married, Single or Widowed <u>Married</u> | | | Occupation <u>Housewife</u> | | | |
| Name of Wife or Husband <u>J. A. McKay</u> | | | | | | |
| Father's Name <u>Wm. Grader</u> | | | 45 | Father's Birthplace <u>Va</u> | | |
| Mother's Maiden Name <u>Comfort Davidson</u> | | | | Mother's Birthplace | | |
| Name of person giving information <u>J. A. McKay</u> | | | | How related to deceased <u>Husband</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <u>Carcinoma</u> | How long <u>13 yrs</u> |
| Immediate <u>Exhaustion</u> | How long <u>some days</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>H. N. Willis</u> |
| | Address <u>Promont City, Md.</u> |
| Accident or Suicide? | |



Lewis W Disheson

Died at Stockton Town Worcester County MARYLAND

Date 1903 Dec 24 Month Dec Day 24 Y. 0 M. 3 D. 16 Native of Md

Male White Married Widow Occupation -

F Colored Single Widower Number of children living

Husband of

Wife —

Father's

Name Benjamin Disheson

Mother's

Maiden Name Roxie Birmingham

Cause of

Primary

Bronchitis

How long sick

6 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Jas. D. Dickerson M.D.

Address

Stockton Worcester Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 1903

Town

County

MARYLAND

Kevie Disharone
Stockton Winchester

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 26

Age

31

10 4

nd

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Primary

Immediate

Mrs. D. Dickerson M.D.

Stockton Winchester Co.

Kevie Disharone
Samuel Gittington Mother's
Maiden Name Sarah L. Conner

P. Grip

10'

How long sick
20 days

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|--|---|---------------|--------|------------|------------------------|-------------------------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | Month | Day | Years | Months | Days | |
| 1903 | Dec | 31 | Age | — | — | |
| Sex | Male | Color or Race | White | Birthplace | Stockton | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | |
| Father's Name | Laurence Fleming S | | | | | Father's Birthplace |
| Mother's Maiden Name | Nellie A Mason S | | | | | Mother's Birthplace |
| Name of person giving information | Peter Mason | | | | | How related to deceased |
| CAUSES OF DEATH | | | | | | |
| Primary | Still Born | | | | | How long |
| Immediate | | | | | | How long |
| Are the name, age, sex, color, date and place correctly given above? | | | Yes | | Signature of Physician | |
| | | | | | Address | |
| | | | | | Stockton Md | |
| Accident or Suicide? | | | | | | |



E. Henry Hallaud

Town Stockton County Worcester MARYLAND

Died at Stockton Month Dec Day 3 Y. 1 M. 6 D. 0 Native of Md Occupation —

Date 1903 Age 60 Widower Divorced

Male White Married — Number of children living —

Female Colored Single Widower —

Husband of —Wife —

Father's Name Edward H. Hallaud Mother's Name Alexandra Wilson
 Maiden Name —

Cause of Death Primary Bronchitis How long sick 4 days

Death Immediate Bronchial-Pneumonia Accident, Suicide, Homicide

Reported by J. D. Dickerson M.D.Address Stockton, [redacted] Worcester, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Comfort Garrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--------------------------------------|------------------|------------------|------------------|----------------------------|------------------|--|
| Died at | | Town | County | | MARYLAND | |
| Date of death 1903 | Month | Day | Years | Months | Days | |
| Sex | Female | Color or Race | African American | Birth- place | Worcester county | |
| Married, Single or Widowed | Widow | Occupation | | | | |
| Name of Wife or Husband | Husband dead | | | | | |
| Father's Name | don't know | V-4 | | Father's Birthplace | Don't know | |
| Mother's Maiden Name | | | | Mother's Birthplace | | |
| Name of person giving Information | William Garrison | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

as far as
known

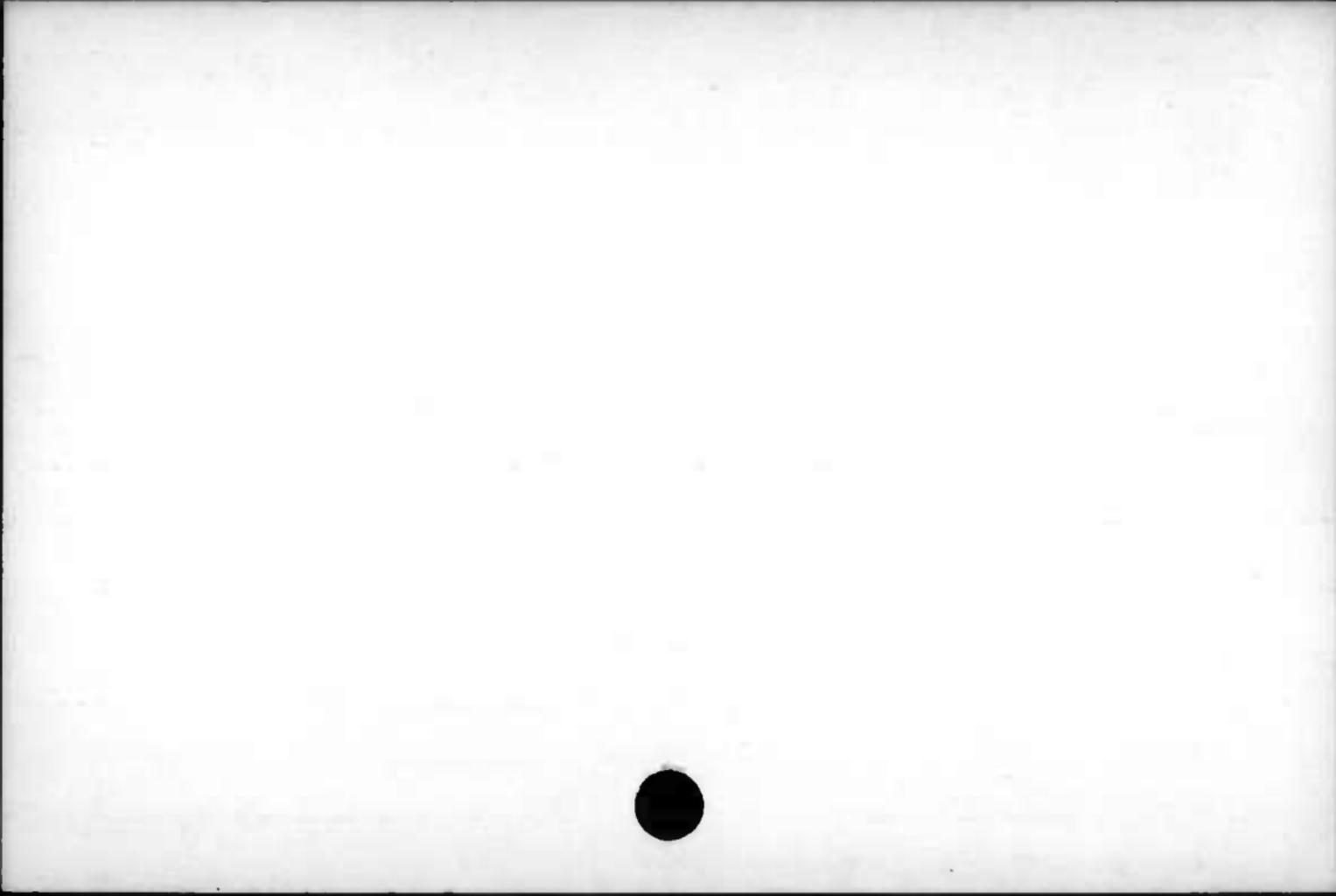
Signature of
Physician

Address

Paul Jones

Worcester County, Md

Accident or Suicide?



Name
in
Full

Harriet Lauding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---------------------|---------------|-----------------|--------------|------|
| Died at | Town | County | MARYLAND | | |
| Died at | Pocomoke City | Worcester | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1903 | Dec | 4 | 43 yrs | - | - |
| Sex | Female | Color or Race | Occupation | Birthplace | |
| Married, Single or Widowed | Married | | Domestic | Accomack Co. | |
| Name of Wife or Husband | Charles Lauding | | Charles Lauding | Accomack Co. | |
| Father's Name | Jesse Wanning Jr. | | Charles Lauding | Accomack Co. | |
| Mother's Maiden Name | Louisa Wanning | | Charles Lauding | Accomack Co. | |
| Name of person giving Information | Geo. W. Wanning Jr. | | Charles Lauding | Accomack Co. | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of uterus

How long

18 months

Immediate

Cardiac Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

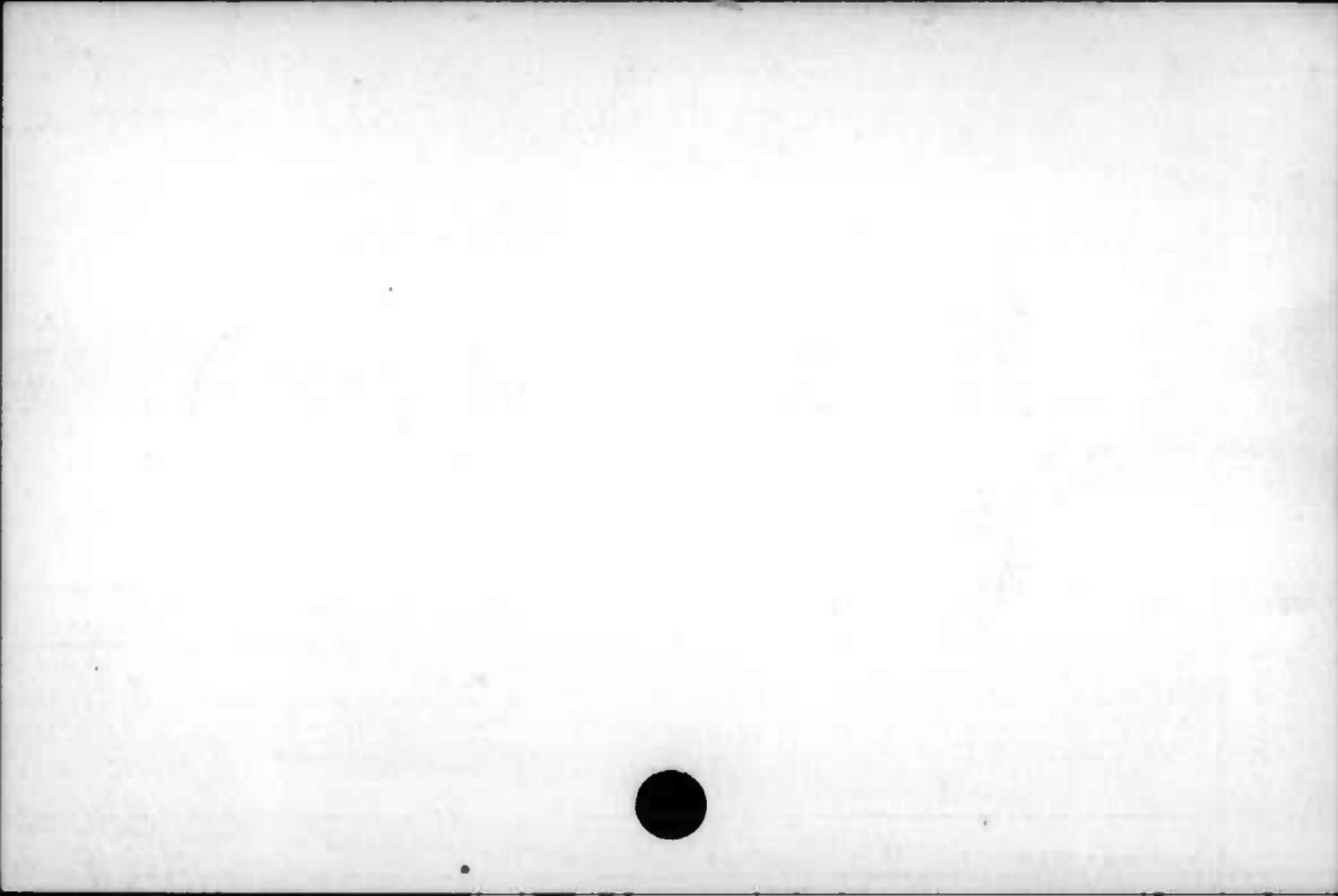
R. Lee Hall

As far as I know

Address

Pocomoke City, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|-----------------------------------|-------------------|---------------|---|-------------------------|----------------------|-----------|---|
| Name | | | | | CERTIFICATE OF DEATH | | |
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1903 | Month Aug | Day 8 | Years | Months | Days | 1 |
| Sex | Female | Color or Race | Black | Age | Birth-place | Mercedale | |
| Occupation | None | | Where Residing if not at place of death | Pacomtak City | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | Mrs. Long | | | |
| Father's Name | Mr. Long | | 179. | Father's Birthplace | Mercedale | | |
| Mother's Maiden Name | Margaret - Minnie | | | Mother's Birthplace | Mercedale | | |
| Name of person giving information | Maria Ballard | | | How related to deceased | Not related | | |

CAUSES OF DEATH

Primary Don't know How long 1 day

Immediate " " How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|-------------------|---------------|--------|-------------|--------------|--|
| Died at | | Town | County | | MARYLAND | |
| Date of death 1903 | Month | Day | Years | Months | Days | |
| Sex | Female | Color or Race | Black | Birth-place | Worcester co | |
| Married, Single or Widowed | Single | Occupation | | None | | |
| Name of Wife or Husband | Samuel Manner | | | | | |
| Father's Name | Samuel Manner | | | | | |
| Mother's Maiden Name | Sarah Lydia Loder | | | | | |
| Name of person giving information | Samuel Manner | | | | | |

CAUSES OF DEATH

Primary

Cough

How long

3 days

Immediate

How long

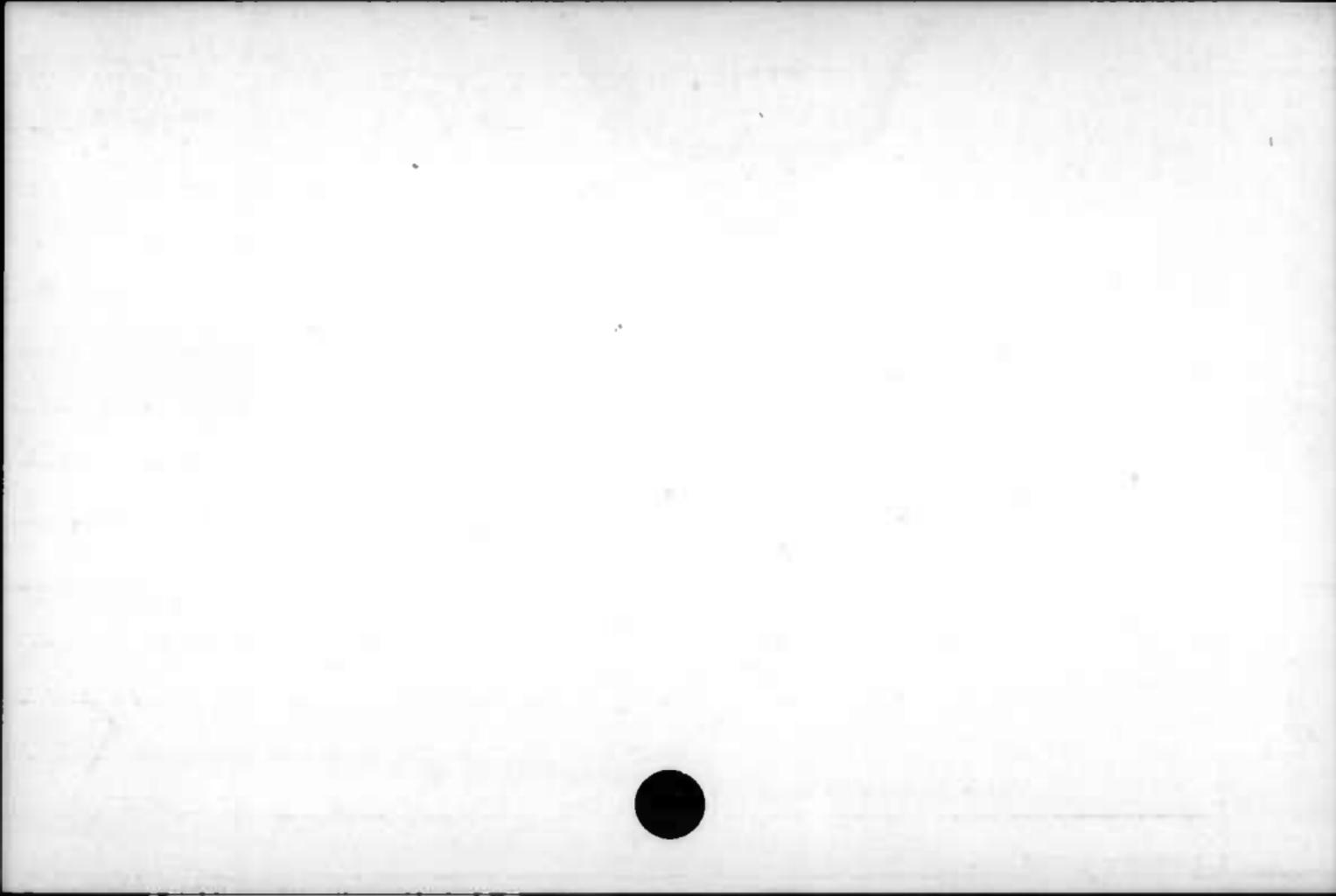
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|-------------------------------|------------------------|--------|------|
| Died at <u>Stockton</u> | | County <u>Maryland</u> | | | |
| Date of death <u>1903</u> | Month <u>12</u> | Day <u>25</u> | Years <u>Stillborn</u> | Months | Days |
| Sex | Color or Race <u>Bright</u> | Birth-place <u>Stockton</u> | | | |
| Occupation <u>stillborn</u> | Where Residing if not at place of death <u>Stockton</u> | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Husband <u>John Parsons</u> | Father's Birthplace <u>Md</u> | | | |
| Mother's Maiden Name <u>Gettie Chapman</u> | | Mother's Birthplace <u>Md</u> | | | |
| Name of person giving information <u>Asst H. Fowler & Bro</u> | How related to deceased <u>Undertakers</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Stillborn How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Thomas Milton Payne

Died at Stockton Town Worcester County MARYLAND

| Died at | Month | Day | Y. | M. | D. | Native of | Occupation |
|-----------|---------|-----|---------|----|----|---------------------------|------------|
| Date 1903 | Dec | 11 | Age | 7 | 3 | Md. | |
| Male | White | | Married | | | Divorced | |
| Female | Colored | | Single | | | Number of children living | |

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

| Father's Name | Mother's Maiden Name | How long sick |
|-----------------------|------------------------|------------------------------------|
| <u>Thos. J. Payne</u> | <u>Mary C. Redden.</u> | |
| Primary | Capillary Bronchitis | 1 1/2 mos. |
| Immediate | Asphyxia | <u>Accident, Suicide, Homicide</u> |

John D. Dickerson, M. D.
Stockton 
Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charlotte Penewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

| | | | | | |
|--|---|---------------|----------------|------------------------------------|--------|
| Died at <u>near Snowtice</u> <u>Worcester</u> County | | | MARYLAND | | |
| Date of death 1903. | Month <u>Dec</u> | Day <u>3.</u> | Age <u>80.</u> | Years | Months |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | <u>Female</u> | | | Days |
| Married, Single or Widowed <u>Married</u> | Occupation <u>House wife</u> | | | | |
| Name of wife or Husband <u>Samuel. Penewell</u> | | | | | |
| Father's Name <u>unknown</u> | X | | | Father's Birthplace <u>unknown</u> | |
| Mother's Maiden Name <u>Hannie Smith</u> | | | | Mother's Birthplace <u>unknown</u> | |
| Name of person giving information <u>Eliza Armstrong</u> | How related to deceased <u>Daughter</u> | | | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <u>Old. Age 7</u> | How long <u>12 months</u> |
| Immediate <u>Lapriph</u> | How long <u>4 weeks</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u> | Signature of Physician <u>William S. Williams</u> |
| <u>Worcester</u> <u>County</u> | Address <u>Snowtice</u> <u>Maryland</u> |
| Accident or Suicide? | |



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Philips

CERTIFICATE OF DEATH

| | | | | | | | |
|---|----------------------------------|--|------------------|---|--------------------|------------------|--|
| Died at <u>Taylorsville</u> | | Town <u>Taylorville</u> | | County <u>Worcester</u> | | MARYLAND | |
| Date of death <u>1903</u> | Month <u>Dec</u> | Day <u>28</u> | Age <u>41</u> | Years | Months <u>4</u> | Days <u>4</u> | |
| Sex <u>Female</u> | Color or Race <u>White</u> | | | Birth- place <u>Maryland</u> | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Separated or Widowed | | Name of Wife or Husband <u>Levina J. Philips</u> | | | | | |
| Father's Name <u>George Truitt</u> | | | | Father's Birthplace <u>Maryland</u> | | | |
| Mother's Maiden Name <u></u> | | | | Mother's Birthplace | | | |
| Name of person giving Information <u>Levina J. Truitt</u> | | | | How related to deceased <u>Wife</u> | | Maryland | |

CAUSES OF DEATH

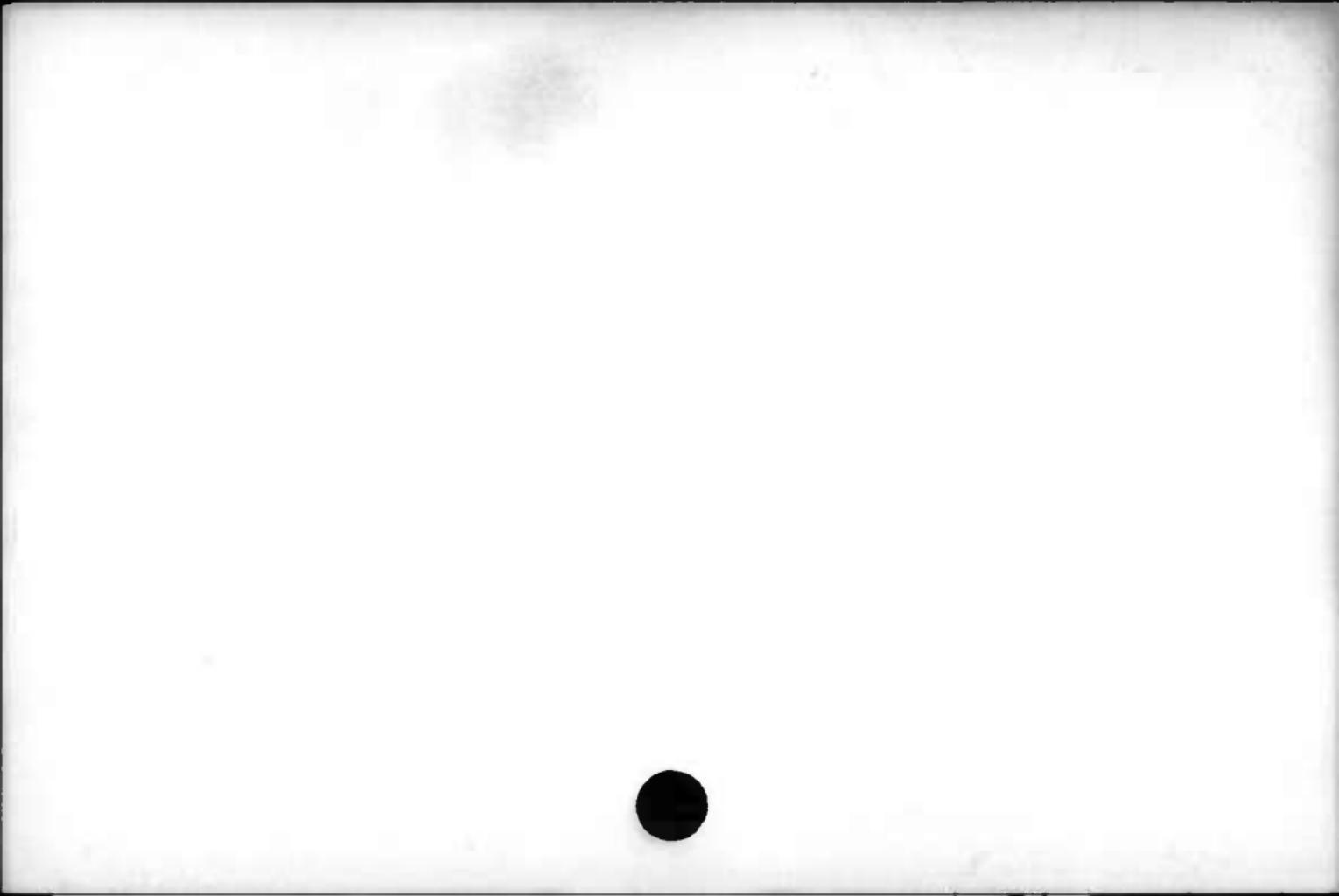
| | | |
|-----------|--|----------|
| Primary | | How long |
| Immediate | | How long |

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

No, for inattention
Levina J. Truitt
Address
Son
Berlin Md

Accident or Suicide?



Name
in
Full

Peter Purcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

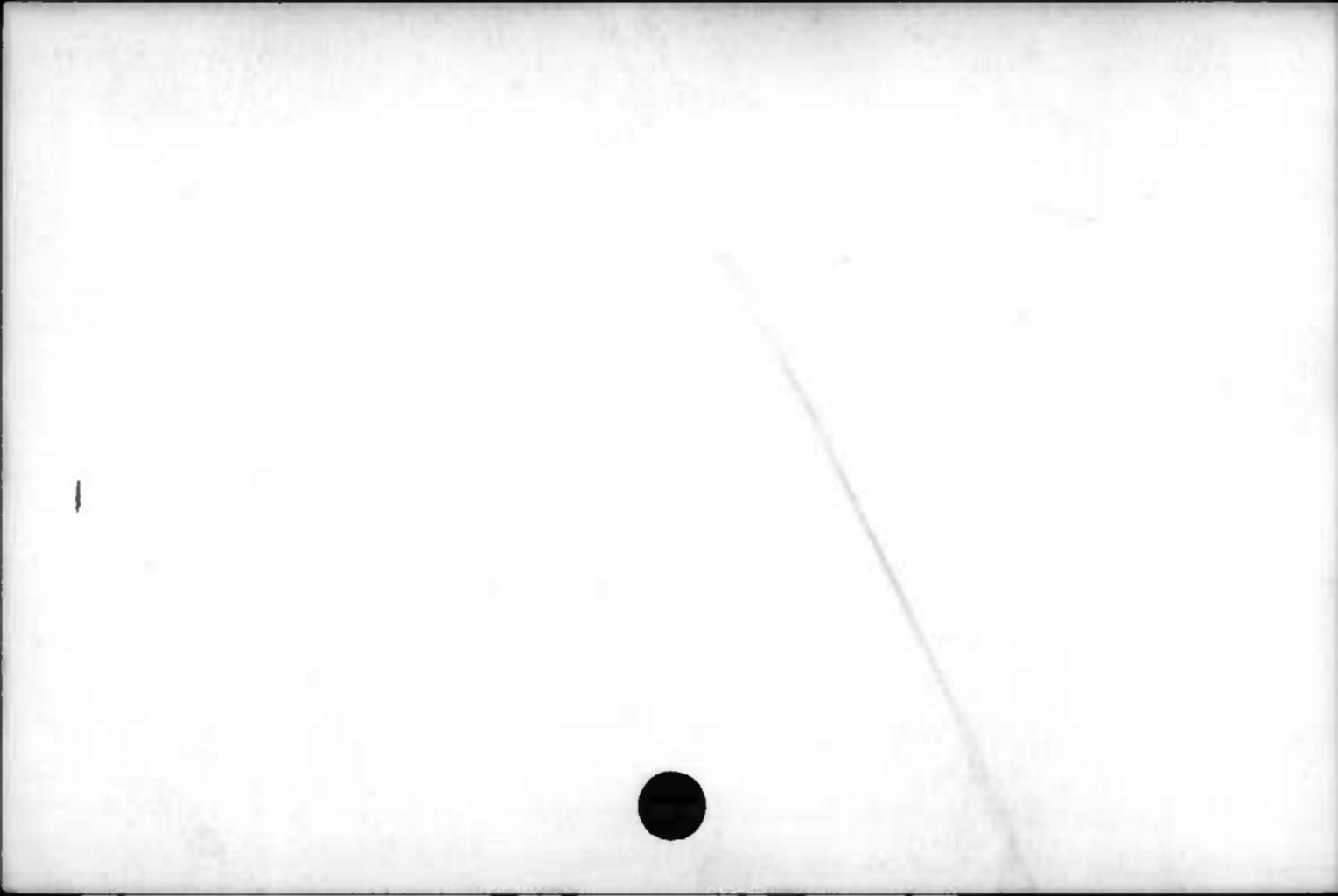
| | | | | | |
|-----------------------------------|---|-------------------------|----------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| 1903 | Dec | 4 | 19 | — | — |
| Sex | Color or Race | Birth-place | | | |
| Male | Black | Maryland | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | William Purcell | Father's Birthplace | Maryland | | |
| Mother's Maiden Name | Lizzie Murray | Mother's Birthplace | Maryland | | |
| Name of person giving information | Albert Purcell | How related to deceased | Bro | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------|------------------------|----------------|
| Primary | Typhoid | How long | Fauwuks. |
| Immediate | Exhaustion | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | J. P. Henry Jr |
| yes | | Addres | J. Berlin Jr |

Accident or Suicide?



Name
in
Full

not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------------|---------------|------------|-------------------------|-------------|----------|--|
| Died at | | Town | County | | MARYLAND | | |
| Died at | Near Burkspurville | | Worcester | | | | |
| Date of death 1903 | Month | Day | Years | | Months | Days | |
| | 12 | 14 | Age | | | 6 | |
| Sex | Male | Color or Race | My White | | Birth-place | Maryland | |
| Married, Single or Widowed | Single | | Occupation | None | | | |
| Name of Wife or Husband | None | | | | | | |
| Father's Name | William Guillen | | | Father's Birthplace | Maryland | | |
| Mother's Maiden Name | Nances Brantley | | | Mother's Birthplace | Maryland | | |
| Name of person giving Information | Dr R P Collins | | | How related to deceased | None | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

My tumor

How long

6 Days

Immediate

How long

6 Days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R P Collins

Address

Burkspurville

Accident or Suicide?



Name
in
Full

Viola Bayone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---------------------|-------------------------|---------|----------------------|----------|--|
| Died at | | Town | County | | MARYLAND | |
| Date of death 1903 | Month Dec | Day 14 | Years 5 | Months 11 | Days | |
| Sex Female | Color or Race White | Occupation | | Birth-place Maryland | | |
| Married, Single or Widowed Single | Spouse or Husband | Name | | Father's Name | | |
| | Spencer E Bayone | Age 2 | | Maryland | | |
| Mother's Maiden Name | Ellie Jackson | Mother's Name | | Maryland | | |
| Name of person giving Information | Spencer E Bayone | How related to deceased | | by Heather | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|--------------------|--------|
| Primary | Brightheria | How long | 2 mths |
| Immediate | " | How long | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | R P Colvin | |
| Yes | Address | Bishopville Md. | |
| Accident or Suicide? | | | |



Name
in
Full

Parson L Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|------|------------------|------------------|-----------------|----------------------------|------|
| Died at | | Town | County | MARYLAND | | |
| Date of death 190 | 3 | Month | Day | Years | Months | Days |
| Sex | Male | Color or Race | Age | about 26 yrs | | |
| Married, Single or Widowed | | Occupation | | Birth- place | Md | |
| Name of Wife or Husband | | | Solonay Shockley | | Father's Name | Ind. |
| Father's Name | | | Unknown | | Father's Birthplace | |
| Mother's Maiden Name | | | B. T. Pruitt | | Mother's Birthplace | |
| Name of person giving Information | | | | | How related to deceased | None |
| CAUSES OF DEATH | | | | | | |

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

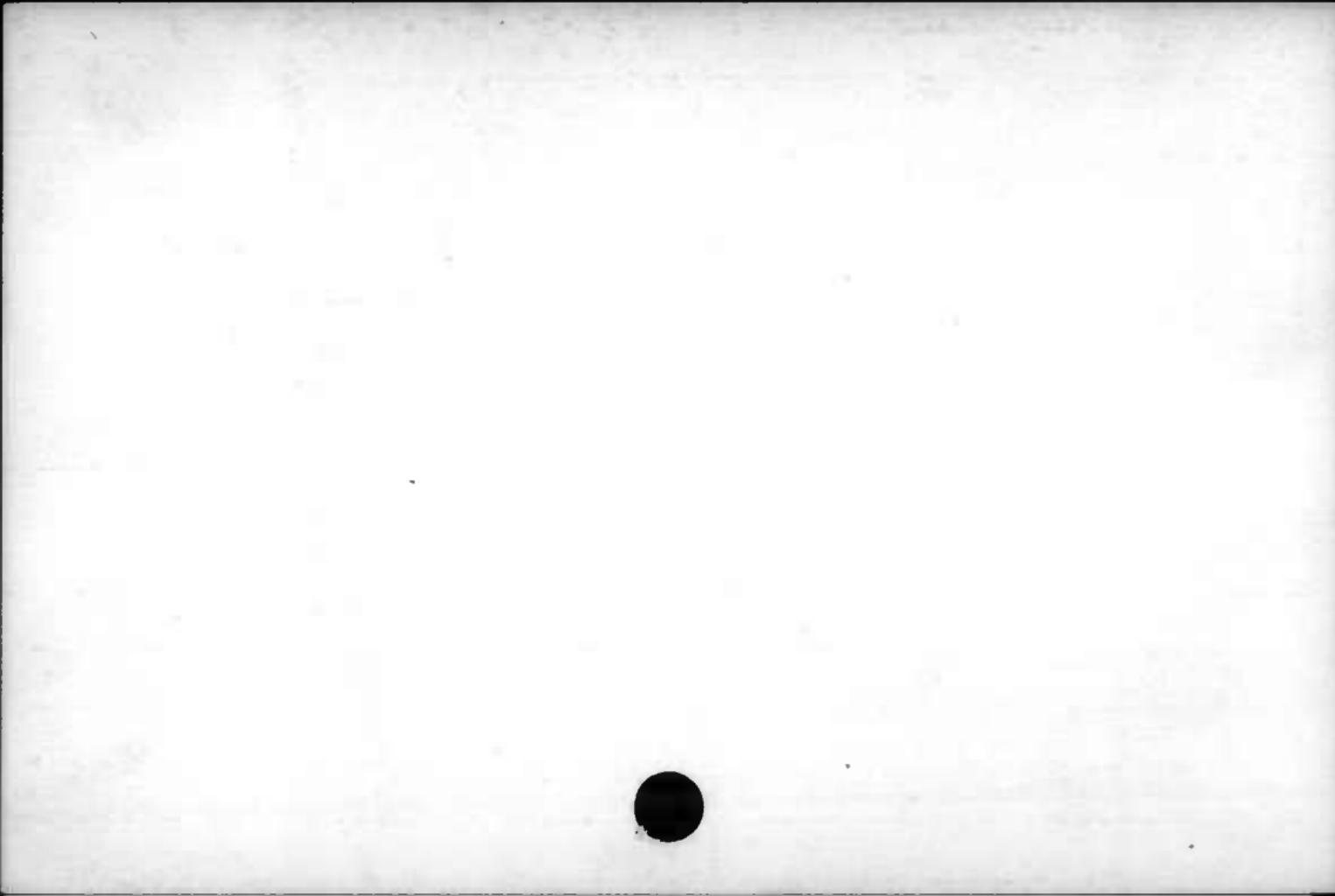
Signature of
Physician

Address

L. T. Hearn Undertaker

Accident or Suicide?

Snow Hill
Md.



Name
in
Full

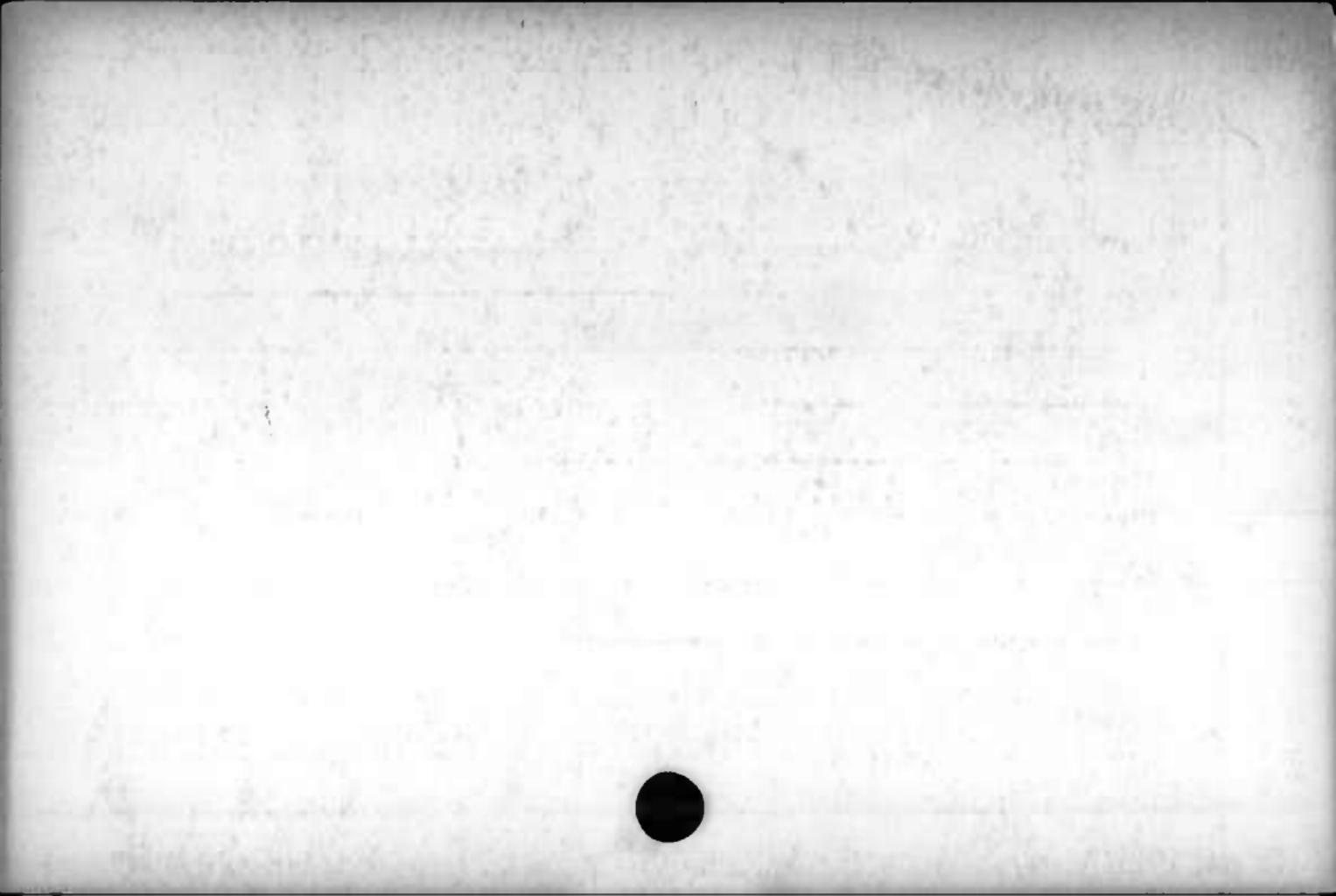
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|-----------------------------------|--|---------------|-------------------------|-------------------------|------------------|----------------------|---|
| <i>Morgan</i> | | | | <i>Snack</i> | | CERTIFICATE OF DEATH | |
| Died at | | <i>Bethel</i> | | <i>County</i> | | <i>MARYLAND</i> | |
| Date of death | 1903 | Month | 12 | Day | 9 | Years | 3 |
| Age | | Months | | Days | | | |
| Sex | Male | Color or Race | White | Birth-place | <i>Worcester</i> | | |
| Occupation | <i>Where Residing if not at place of death</i> | | | | | | |
| Married, Single or Widowed | <i>Wife Snack</i> | | Name of Wife or Husband | <i>Worcester</i> | | | |
| Father's Name | <i>Wife Snack</i> | | | Father's Birthplace | <i>Worcester</i> | | |
| Mother's Maiden Name | <i>George Anna</i> | | | Mother's Birthplace | <i>Worcester</i> | | |
| Name of person giving information | <i>Snack</i> | | | How related to deceased | <i>Mother</i> | | |

CAUSES OF DEATH

| | | | |
|--|-------------------------|------------------------|---------------------|
| Primary | <i>Membranous Croup</i> | How long | <i>Several days</i> |
| Immediate | <i>Suffocation</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | <i>C. W. Snack</i> |
| | | Address | <i>Bethel</i> |
| Accident or Suicide? | | | |



Name
in
Full

Leharts Spence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--------------------------------------|----------------------------|---------------|--|-------------|----------|------|
| Died at Date of death | | Town Month | County | | MARYLAND | |
| 1903 Dec | | 2 | Age | 25 | Months | Days |
| Sex | Male | Color or Race | Black | Birth-place | Maryland | |
| Occupation | Labor | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | |
| Father's Name | Joseph Spence | | 164 Maryland | | | |
| Mother's Maiden Name | | | | | | |
| Name of person giving Information | Joseph Spence | | How related to deceased Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date
and place correctly given above?

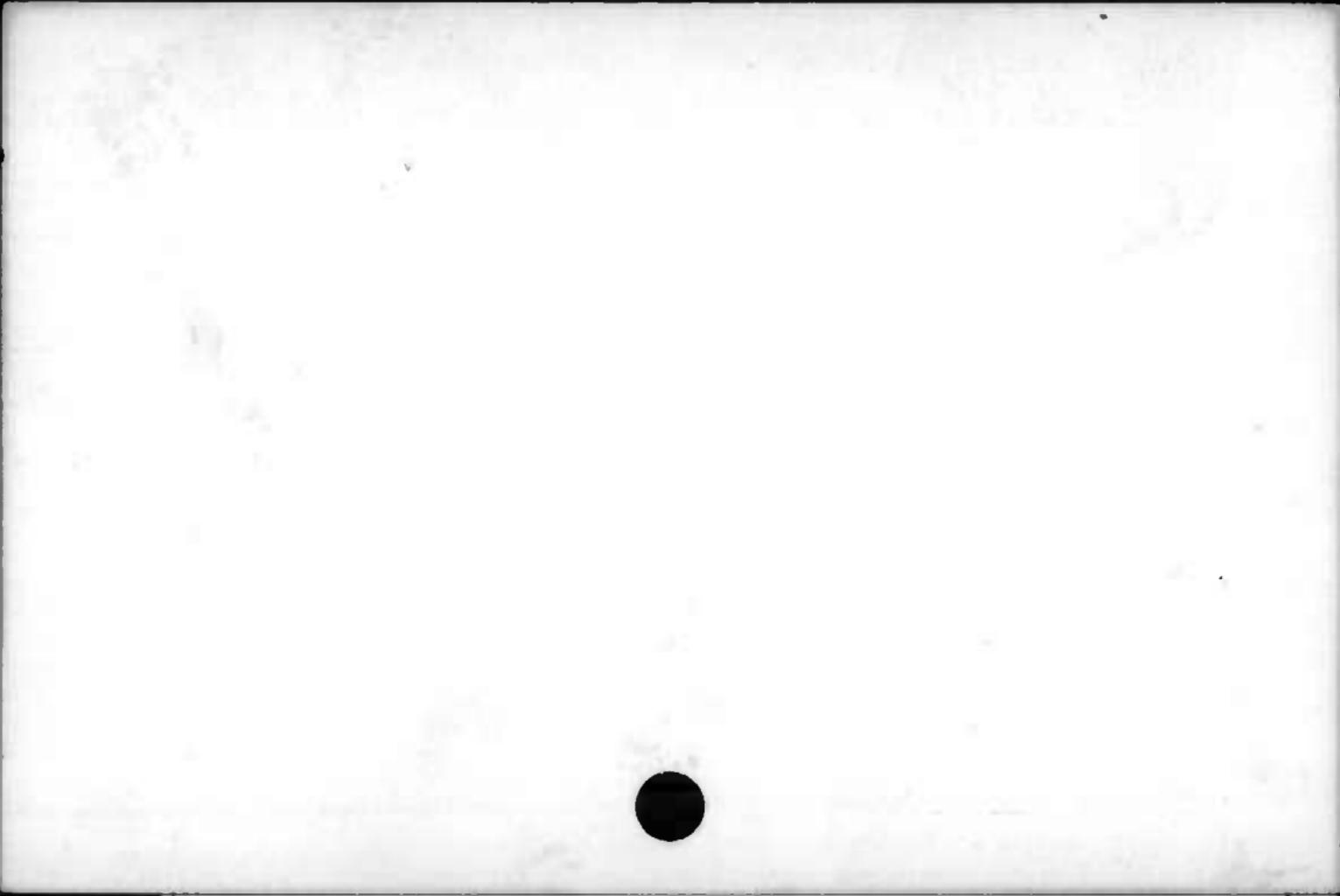
Signature of
Physician

Ho Ser in i a thendanc

Address

L. J. Evans Prop
Berlin Md

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | | |
|--|--|--|---------------------------------------|-------------------------------|-----------------|------|
| Died at <u>Stockton</u> | | Town | County <u>Worcester</u> | | MARYLAND | |
| Date of death <u>1903</u> | Month <u>12</u> | Day <u>8</u> | Age <u>2</u> | Years | Months <u>6</u> | Days |
| Sex <u>female</u> | Color or Race <u>dark</u> | Where Residing if not at place of death <u>Stockton md</u> | | Birthplace <u>Stockton md</u> | | |
| Occupation | | Name of Wife or Husband <u>Adolphus True</u> | | Father's Birthplace <u>md</u> | | |
| Married, Single or Widowed | Name of Wife or Husband <u>Adolphus True</u> | | Mother's Birthplace <u>md</u> | | | |
| Father's Name | <u>Adolphus True</u> | | How related to deceased <u>Father</u> | | | |
| Mother's Maiden Name | <u>Duncilla Spencer</u> | | | | | |
| Name of person giving information | <u>Adolphus True</u> | | | | | |
| CAUSES OF DEATH | | | | | | |
| Primary | <u>Heart failure</u> | | | How long <u>6 Hours</u> | | |
| Immediate | <u>Heart failure</u> | | | How long | | |
| Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | |
| <u>yes</u> | | | | Address | | |
| Accident or Suicide? | | | | | | |

Mary D. Tull

James Wise

Town

Stockton

County

Worcester

MARYLAND

Died at

Date 1908

Month

Day

Y.

M.

D.

Native of

Male

White

Age 42

Female

Colored

Single

Married

Widow

Widower

M.D.

Divorced

Occupation

Turner

Number of children living

6

Husband of

Wife

Father's

Name

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Asphyxia

6 days

Accident, Suicide, Homicide

Reported by

J D Dickerson M.D.

Address

Stockton Worcester Co. Md.

Must be signed by physician, if any in attendance, otherwise by either, undertaker or minister.

